AZ HIPAA Medicaid Consortium

July 16, 2003
2:00 PM to 4:00 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:

ADHS	**APIPA**	**HCA**
Thomas Browning	*David Wormell*	*Gustavo Moron*
Brian Heise	*Lucy Markov*	*Ethan Schweppe*
AHCCCS	*Chuck Revenu*	*Carol Smallwood*
Patti Goodwin	**BHS**	**HCSD**
Lydia Ruiz	CJ Major	*Michael Wells*
David Shelburg	**Care 1st Arizona**	**I.H.S.**
Matt Furze	*Herb Woo*	*Charolett Melcher*
Steve Corzine	*Terry Harden*	**MCP & Schaller Anderson**
Ted Kowalczyk	*Bill Hobbs*	*Cathy Jackson-Smith*
Bruce Jameson	**CHS**	*Anne Romer*
Kyra Westlake	**NO REP**	*Art Schenkman*
Michelle Dillon	**CRS**	**Maricopa Health Plan**
MaryKay McDaniel	*Jerri Gray*	*Rob Mayer*
Linda Stubblefield	**CIGNA**	**Pinal LTC**
Diane Sanders	**NO REP**	*Susan Murphy*
Tom Forbes	**DES/DDD**	**PHP**
Pat Spencer	*Marcella Gonzalez*	*Greg Lucas*
Gary Heller	*Nicole Yarborough*	**PHS**
Brent Ratterree	*Stan Hime*	*Mary Kaehler*
Mariaelena Ugarte	*Major Williams*	**UFC**
	Evercare Select	*Eric Nichols*
	Vicki Johnson	*Kathleen Oestreich*
		John Valentino
		Verizon
		NO REP
		Yavapai County
		NO REP

1. Project Schedule Update (Gary Heller)

Milestones reviewed:

Group 1:
In B2B testing until 08/30/03. Files will remain on the server as long as needed.

Information is published on the Web site: http://www.ahcccs.state.az.us/HIPAA/

Group 2:

For the January implementation of Encounters we have System Development scheduled through 09/30. Followed by testing.

We have added version numbers to the companion documents with a revision-tracking sheet.

Action Item: We are going to extract key implementation dates by transaction from the implementation plan to publish by the next Consortium meeting.

Q: Do we know how the testing is going?
A: We will discuss this today, since we are now going to be able to process the 997s we will have a better feel on who and when files are being picked up and possibly used.

Q: My concern is a full cycle recon process. To know that we received the entire package of transactions and not just the daily.
A: We will discuss how we want to focus our august testing.

2. Encounters Implementation Follow-up (Lori Petre)

Formal letter to delay HIPAA Encounter Implementation was included in the packet, explaining the decision made and the specifics.
This will be given to the CEO's on Friday.

Q: Can I verify that we will submit in the proprietary format until implementation?
A: It is assumed that you will submit your encounters in the current proprietary format in October, November and December. When you look at the schedule you will also see that it applies to January.

Mercy Care: Legal has said we have to submit both types of files. We will need to know how to submit this. We can encrypt files.
Action Item: AHCCCS to inform Mercy Care how to submit both proprietary and HIPAA format files.
A: This decision does not change your HIPAA required claims submission.
Just like it does not apply to AHCCCS FFS claims HIPAA compliance.

Calendar handout/ Outlining Key dates:
HIPAA Encounters will implement after the January cycle.
Everything you submit for the January cycle should be in the proprietary format.
We are giving ourselves 2 days after the cycle, before accepting HIPAA formats. The outputs from the January cycle will be in the proprietary format.

Q: Does that mean we will be able to submit as many files regardless of the size?
A: That is correct, there aren't any technical constraints.

At the conclusion of the January cycle we will start the syntax load process for 837.

U277 is slated to replace your adjudicated encounters. Analysis is in process.

Q: What is the first possible date and the last possible date by which you should submit in the new format or you could submit in HIPAA format.
A: The earliest for the HIPAA format is the 12th and the latest for the Proprietary is 5am on the 7th. We still need to analyze how to maintain folders where files submitted early or late, can be identified.

Q: Will monthly submissions be fine?
A: We prefer weekly submissions, but yes.

Q: The last claims that come in proprietary format, will they go into the process in proprietary format?
A: Yes, pend correction remains proprietary format. You will go from the current proprietary format to a U277, for adjudicated Encounters for the February cycle.
In early workgroups some discussion was held to use the 835, but that is no longer the case.

Action Item: We hope to have some 837 initial examples to walk through by the next Consortium meeting.

Q: What work has been done on the U277; how much does if differ from the current format?
A: Initial analysis only. There are minor field differences, i.e., the diagnosis does not map.

There is some additional info you can send on the 837 and that we can mirror back.

3. Contingency Planning Follow-up (Jim McManus)

Mailed a softcopy on approx. 6/19, to the Consortium Group.
Reviewed with CMS on 06/30.
Sent a softcopy to NEMI on 07/11.
Solicited comments, and have not received any as of today.

4. Implementation Planning Update (Jim McManus)

Compiling more details in our project plan.
Have go-live checklist that we will be using at implementation.
Are addressing HIPAA implementation along with CY04 and Balanced Budget Act.
The monitoring and tracking process, will monitor weekly and possibly more often as we are closer to implementation. If any significant matters come up we will bring to your attention.

Next week we will review with CMS and Hawaii, during a site visit.

5. Local Codes Mapping/ Implementation Strategy (Brent Ratteree)

Have released the mapping document on Local Codes.
The plan is to have the information released to all the contractors so you can process information and see where changes are needed.

Expect to begin our provider education efforts by middle of next month. We have had discussion to distribute some joint publications, the old code and old description along with the new code and description will be out on the Web site.

Q: Some of the codes we use have changed, deleted, etc, what are the dates that this is effective? Who would we talk to when we have the codes that no longer work?
For example, DD has something that was scheduled monthly and now is 15 minutes.

A: Carol Sanders and Allan Schafer should be contacted for DD. Some of the codes that were deleted had no utilization for the past 2 years.
The descriptions are set; they are National descriptions that we cannot change.

A phase in period of dates of service from October 1st through December 31st has been set to allow providers to change codes that they are billing with, they must bill the new codes for dates of service January 01,2004 and after.

Code sets are by Date of Service.

CMS will have information specific to unit codes. www.Cms.hhs.gov

Q: When you say DOS, if something is provided before 10/01, and then transmitted after?
A: If the DOS is in September, and you do not receive claim until March 2004, you can accept the old code and the new HIPAA format to process the claim.

AHCCCS will have Reference and provider system changes that will be promoted later this month and you should see them on your monthly files as soon as the tables are loaded.

6. Data Certification with Electronic Signature Option Update (Brent Ratterree)

Chapter Three Encounter Authorizations and Control Documents Handout:
Instruction on PG 3-10 and form on 3-11. Long term we prefer an electronic certification.
This is a short-term solution, we will have a system in place where you can fax this document and we will match to what certification is on file. We will not be able to release the files for processing unless we have a certification on file.

Q: Can you do this on the WEB based manner rather than faxing?
A: We are not there yet, and need to provide a temporary solution at this time.

We were linking this to our Encounter implementation and now that we have delayed encounters until January we still have a BBA requirement to comply by August 1st.

Q: Does it have to be for each file? Can we have one signature for many files?
Many claims within the interchange transmission are considered one file.
A: From our understanding with Legal it is each file.
One transmission equals one file whether it has multiple ST/SE's; therefore one certification paper is needed for that transmission.

Action Item: Transmission file with one certification will be reviewed further.

Q: This document seems to be focusing on encounters, but it sounds like a data certification for all inbound transactions is needed?
A: Correct, but we are starting with Encounters.

Action Item: A follow-up will be sent by next meeting asking for input on other options we have for certification.

7. PG Indicator Options Follow-up (MaryKay McDaniel)

We cannot use the disability loop for PG it can only be used for End Stage Renal Disease.
The two options currently available are:
1.   At the 2000 level we can use the Ref ID qualifier to a 1L and identifier as a PG.
        A PG change (pg4 of the handout), the second change for this option would be a PG
        action code. We are having issues with maintenance reason codes of 21 for disability, if

we have a type with a maintenance reason code, a disability without a disability loop is not allowed.
Rate code change, if PG with the 1L at the 2000 level.

2. Take everything down to the 2300 level and make it health coverage.
Add is a 021, insurance one code would be an AG. AG is Preventative care wellness.
Plan coverage description of PG and effective date as the date the file was processed.

Per popular decision, looks like option 2 is more compliant with the manual.

Action Item: Will initiate a problem report to make this change.

8. Final Acknowledgement Flows Follow-up (Lori Petre)

This handout summarizes the final approach and talks about where 997s will go. The folders for the acknowledgements are ready and we can begin accepting your 997s.
You can release them all at once or send them in one at a time.

Action Item: We will send an email notifying you if these are processing well.

9. Group 1 – Testing Status (Lori Petre)

Ascertaining everyone's status has been difficult as we are reliant on email responses. We will start using 997s and track whether you have pulled a file and have more of a feel for who is testing what.

We want to make sure that the responses you receive regarding your problem reports are reaching you and are clear.

Plan Issues:
1. Time stamp is an issue. HHMM or sometimes HHMMSS. Please pick one.
2. Empty file for zero record has a string starting off with XX.
   A: It is supposed to look like the current zero file that is not HIPAA.
   The plan will check that it is what is received now.
3. Contract type – 2300 loop HD04. What do we use for the date?
   A: There has to be a date for a 2300 on everything.
   The plan will provide an example and AHCCCS will look at it.
4. What is going to happen on a plan change?
   It should happen just like it does today.
   What about plan change within the same entity?
   You will receive prior plan information on my own plan, even though it's internal such as Acute to Altcs and Acute again.
5. VPN issue – we are trying to automate the process and put in place a VPN concentrator. We want to do a LAN-to-LAN connection.

   Action Item: Dennis will discuss this VPN issue with Network Services.

Testing in August:
How do we want to approach, should we continue the parallel or special situations?
We want to make sure we meet your testing expectations, along with CY04.

Suggestions are welcome.

Plan: We need a clean parallel month all the way through recon.
The recon should catch those items that may need accommodations. We do not want a recon in production with many discrepancies.

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Internally we have been running all these test cycles.
We are looking at August for this as well.

Action Item: Need a summarization of impacts for the next consortium.

We do not plan to make changes to the transition file that is sent from AHCCCS to the plans.
What is sent between a plan to another plan may change.

Action Item: Email summarizing what we have heard for suggestions and requesting your inputs will be sent out.

10. Other (Lori Petre/ Group)

Handout on an <u>Initial draft of a publishing schedule</u> for our Web site.
These are windows as of when you can expect to see items on the Web site.

<u>Enrollment HD04</u>:
This handout confirms what the HD04 should look like. This should be a fixed format.
Map was deployed yesterday.
The files for yesterday and today should now have the fix.

<u>Proposed Mental Health</u>:
The MC covers the plans as a change.
We had a suggestion to change the maintenance reason code.
'021' to be an add, changing from '001' and looking at the effective date.

<u>AHCCCS File Certifications</u>:
We have outstanding issues with our validator/certifier. We found that we cannot certify 820's since it only allows 20,000 loops within your 820. We have a ticket in to talk about this issue.
The other 820 is a problem with ACH; a ticket is going in on 7/18.
The 834 outstanding item is a test file going through to know which combination is causing the issue with the location code.
The next three items are problems with the 2320 loop COB, it does not like a U for unknown, it wants us to list if we have 5 TPL occurrences, listing who is the primary, secondary, etc.
The leading spaces issue is a data issue. We are going to have to fix in all the maps the leading and trailing spaces.
On all adds it was looking for height and weight, it was agreed that the edit needed to come out.

August 13th is the next meeting.

Meeting adjourned.